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Substitute for form 1449/PTO	COMPLETE IF KNOWN		
· INFORMATION DISCLOSURE	Application Number	10/567,516	
STATEMENT BY AND LICANT	Filing Date	February 7, 2006	
	First Named Inventor	Gabor BATORA et al.	
MAR U 9 2009	Group Art Unit	1625	
(use as many sheets as necessary)	Examiner Name	Z.N. DAVIS	
Sheet 1 of		21275YP	

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Examiner Initials*	Cite No.	U.S. Patent Document Number	Kind Code (if known)		Date of Publication of Cited Document MM-DD-YYYY	
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Examiner Signature	/Zinna Davis/ (05/26/2009)	Date Considered	
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-	NFORMATION	DIS	CLOSURE	Application Number	10/567,516	
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(use as many sheets as necessary)		Group Art Unit	1625			
		Examiner Name	Z.N. DAVIS			
Sheet	2	of	2	Attorney Docket Number	21275YP	

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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /ZD/

Examiner Signature	/Zinna Davis/ (05/26/2009)	Date Considered	

^{*}Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.